

**Dentist Group  
Provider Type 61  
907 KAR 1:026**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all Dentists within the group. (Individual provider number (60) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602